

UNITED STATES DISTRICT COURT

for the

Southern District of Indiana

Spruha Shah

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Springbuk

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. 1:21-cv-02734-RLY-DLP

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No**FILED****3:52 pm, Oct 28, 2021**

U.S. DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
Roger A.G. Sharpe, Clerk

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include *only*: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievances, witness statements, evidence, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Other federal law *(specify the federal law)*:



Relevant state law *(specify, if known)*:



Relevant city or county law *(specify, if known)*:

II. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Spruha Shah

Street Address

194 Hillandale Drive

City and County

Bloomington, DuPage

State and Zip Code

Illinois, 60108

Telephone Number

847-322-6568

E-mail Address

spruha.shah@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, a corporation, or another entity. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

Defendant No. 1

Name	Springbuk
Job or Title (<i>if known</i>)	
Street Address	525 S. Meridian Street, #1B
City and County	Indianapolis, Marion
State and Zip Code	Indiana, 46225
Telephone Number	(800) 786-4940
E-mail Address (<i>if known</i>)	

Defendant No. 2

Name	
Job or Title (<i>if known</i>)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (<i>if known</i>)	

Defendant No. 3

Name	
Job or Title (<i>if known</i>)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (<i>if known</i>)	

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	Springbuk
Street Address	525 S. Meridian Street, #1B
City and County	Indianapolis, Marion
State and Zip Code	Indiana, 46225
Telephone Number	(800) 786-4940

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☒ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☒ Other acts (*specify*): Harassment

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

Termination Date: 12/4/20

C. I believe that defendant(s) (*check one*):

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain):*

<input type="checkbox"/>	race	_____
<input type="checkbox"/>	color gender/sex	_____
<input type="checkbox"/>	religion	_____
<input checked="" type="checkbox"/>	national origin	_____
<input type="checkbox"/>	age <i>(year of birth)</i>	_____ <i>(only when asserting a claim of age discrimination.)</i>
<input checked="" type="checkbox"/>	disability or perceived disability <i>(specify disability)</i>	_____
<input type="checkbox"/>		_____

E. The facts of my case are as follows. Attach additional pages if needed.

During my time employed with Springbuk and thereafter, I have experienced ongoing discrimination, harassment, and retaliation. I disclosed a disability and made a request for reasonable accommodations related to this disability. I supplied medical documents as requested. I was not allowed to use paid time off in the same manner as others who are White and had not disclosed a disability. I was told that I would need to use unpaid time off to tend to my health. Since disclosing my disability, my work was scrutinized more than those outside of my protected class and I was held to different standards than my colleagues when seeking a promotion due to my ethnicity and my disability. I was initially told that I was to be disciplined for a security violation that I reported, but it was later discovered that I had followed the policy and that the policy had been changed by another leader. However, almost immediately, I was issued an Employee Warning Notice. Other employees outside of my protected class had engaged in similar or worse conduct than identified and had not been disciplined. I wrote on the Employee Warning Notice that I was being retaliated against. On December 4, 2020, I told my manager that I would be taking short-term disability leave per my doctor's recommendation. 90 minutes later, my employment was terminated. After my termination, I learned that the company was joining forces with my former employer Artemis Health, through a merger/acquisition. My employment at Artemis Health was also wrongfully terminated for discriminatory and retaliatory reasons. I am experiencing ongoing harassment from Artemis Health and Springbuk.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A.** It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

10/16/20

- B.** The Equal Employment Opportunity Commission *(check one)*:

☐
☒

has not issued a Notice of Right to Sue letter.

issued a Notice of Right to Sue letter, which I received on *(date)* 8/30/21.

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C.** Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☐
☐

60 days or more have elapsed.

60 days or more have not elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

VI. Certification and Closing


Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/28/21

Signature of Plaintiff

Spruha Shah

 Digitally signed by Spruha Shah
Date: 2021.10.28 12:54:34 -05'00'

Printed Name of Plaintiff

Spruha Shah